State Elected Officials Financial Disclosure W.S. 9-13-101 through 109

This form can be accessed on the Secretary of State's Website at: http://soswy.state.wy.us/Forms/Ethics/ElectedOfficialsEthicsDisclosureForm.pdf

In accordance with W.S. 9-13-101 - 109, each of the state's five elected officials and each member of the Wyoming legislature shall file a financial disclosure form with the Secretary of State. This includes elected officials and legislators who have not sought re-election but have served in an elected position during the previous filing period.

The financial disclosure form shall contain information current as of January 15th of each year.

As prescribed in W.S. 9-13-108(b), forms may be submitted by electronically by facsimile transmission at (307) 777.7640, or by e-mail to: **elections@wyo.gov**.

Anyone violating the provisions of the Government Ethics Act is guilty of a misdemeanor punishable upon conviction by a fine of not more than one thousand dollars (\$1,000.00). W.S. 9-13-109(a).

Violation of any provision of the Government Ethics Act constitutes sufficient cause for termination of a public employee's employment or for removal of a public official or public member from his office or position. W.S. 9-13-109(b).

FILING DEADLINE:

January 31st of each year

FILING OFFICE:

Secretary of State's Office - Election Division

2020 Carey Ave., Ste 600 Cheyenne, WY 82002

E-mail: elections@wyo.gov

Fax: (307) 777.7640

RECEIVED

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WYOMING SECRETARY OF STATE

State Elected Official Financial Disclosure Form

| Name of Official: | Chuck Gray | | | | | |
|------------------------------------|------------------------------------|--|--|--|--|--|
| Office Held: | Chuck Gray State Representative | | | | | |
| Senate District (if applicable): | | | | | | |
| House District (if applicable): 57 | | | | | | |
| | | | | | | |
| | | | | | | |
| Business Address: | | | | | | |
| Business City, State and Zip: | | | | | | |
| Business Phone: | () | | | | | |
| | | | | | | |
| | | | | | | |
| Home Address: | 2921 Zion Lane Apt 103 | | | | | |
| Home City, State and Zip | : <u>Casper, WY, 82609</u> | | | | | |
| Home Phone: | (307) 251-1372 | | | | | |

I. Offices, Directorships and Employment

(Please use additional sheets as necessary.)

| | List the offices held in business enterprises. The Office Held | Name and Address of Enterprise |
|----|---|--|
| - | 1 | |
| | | |
|) | List any directorship positions held in busine Name of Enterprise | Address of Enterprise |
| | | |
| c) | Salaried Employment Job Title Operations Marager | Mt. Rushmore Broadca 218 W. Wolcott |
| | | Casper, WY 8260 |

II. Sources of Income

(Please use additional sheets as necessary.)

| a) | Employment Name of Employer | Address of Employer |
|---------|---|--|
| | Mt. Rushmore Broadcusting | 218 W Wolcott |
| | | Casper, WY 8260 |
| b) | Business Interests - list the names and address business interest (W.S. 9-13-108 (c) states: excluding interests if less than ten percent (10 from which income is earned") | ses of all business entities in which you have a Name and address of all business entities but %) of the entity is owned, or sole proprietorship |
| | Name of Business Entity | Address of Business Entity |
| • | | |
| c) | Investments | Income Earned |
| | A. Any security or interest earnings | Yes No |
| | B. Real estate, leases, royalties | Yes No |
| d) | Other (describe generally): | |
| | | |
| | | |
| On this | ation is accurate. | ., 2019, I affirm that the preceding |
| | | Signatur e/ |